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Gall Bladder Disease

By Roscoe R. Graham, M.B.

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The renewed interest which has been manifest recently with regard to gall bladder disease has resulted largely because of the very poor results with any form of either medical or surgical treatment in the past. The result of surgical intervention seemed to offer very little greater hope of ultimate recovery than did medical treatment. Thus, for a long time, gall bladder disease was considered to be largely a disease for the internist.

However, Rosenow has demonstrated, beyond any doubt, the importance of local infections, and has been able to culture organisms from diseased gall bladders, inject them into animals, and produce pathology similar to that from which the culture was obtained. Other workers have not been able to find this definite specificity of organisms to the same degree as has Rosenow, but many have been able to recover organisms from the gall bladder wall. Thus we see, one can not consider the

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gall bladder as a negligible source for a focal infection. It is an appreciation of this fact which has so stimulated surgical interest in gall bladder disease.

Let us consider for a moment the ways in which the gall bladder may be infected.

1. Adami's theory that the infection is carried by the portal circulation into the liver, from which it gains access to the Gall Bladder, which is less able to deal with it than the liver itself, and thus it forms a fairly suitable culture medium.

2. That the infection is an ascending one from the duodenum up the ducts and thence into the gall bladder. One of the strongest points in favor of this mode of infection is the fact that carmine injected into the rectum can be discovered in the gall bladder some hours later. This, however, fails to satisfactorily explain why the contents of the gall bladder may be sterile, while positive cultures may be obtained from the depths of the wall.

3. Infection through the blood stream. This mode of infection has Rosenow as its chief exponent. He believes that the infection gains access to the blood stream from some focus, such as diseased tonsils or apical abcesses around the roots of the teeth.

4. Contiguity infections. By this we mean the gall bladder is secondarily involved from such surrounding conditions as either benign or malignant ulcers, which may perforate in the immediate vicinity.

As regards the frequence of gall bladder disease, it ranks next to appendicitis. As we learn more of its pathology and symtomology, which can lead us to a definite and much earlier diagnosis, the number of prescriptions which have, in the past, been written for so-called "stomach troubles" will markedly diminish, because we have found that in a very large percentage of diseased gall bladders practically all clinical symptoms would, at first, lead one to believe that the stomach was at fault. Indeed, in a fair percentage of cases, the stomach or duodenum shows gross pathology, as evidenced by spasm or ulcer, which have, in turn, been caused by an infection through the blood stream from the diseased gall bladder. When the gall bladder is dealt with the gastro intestinal symptoms will rapidly improve.

In considering the persistence of gall bladder infection, we have definite evidence of its presence for a very great number of years. For instance, one case is on record where typhoid bacilli were cultured from the interior of a stone, the patient having had typhoid thirty years previously. That fact makes one wonder what the original clinical manifestations were.

We have come to the conclusion that the presence of stones in the gall bladder is simply an incident rather than that it is the essential cause of the patient's disability.

One can conveniently divide the gall bladder disease into three definits stages:

1. Where the patient is suffering from remote reflex or toxic symptoms, most often referable to the digestive system; the type of case, for instance, who is always taking a bottle of medicine for stomach trouble and suffering at intervals from so-called bilious attacks. In this stage one can find a fairly definite clinical picture of cholecystic indigestion. The patients have pain after taking certain groups of foodstuffs, without any increased discomfort after taking large amounts of other food. In other words they have qualitative indigestion. At this stage there is a complete absence of all local symptoms directly referable to the gall bladder itself. This stage may persist for 15 or 20 years before clinical symptoms will point directly to the gall bladder disease. The diagnosis at this time must be made by a process of exclusion. If surgical intervention is undertaken at this time we have a mortality of less than one per cent.

2. The second stage is characterized by recurring attacks of acute pain directly referable to the gall bladder. This is the result of the movement of calculi or acute inflammatory exacerbations. One must not lose sight of the fact, however, that a patient may suffer from symptom which we were lead to associate only with the movement of calculi and yet operation will reveal no stone present. This fact is explained by an alteration in the consistency of the contents of the gall bladder, which are less fluid than normal, and these present a barrier to the normal rate of flow. Operation at this stage more than trebles the mortality of the first stage, being from three to five per cent.

3. It is in the third stage, unfortunately, that patients have, in the past, been subjected to operative interference, because it is characterized by the dangerous complications which demand immediate or at least active surgical interference. A few such complications are, a stone lodged in, and completely obstructing the common duct, causing a most intense jaundice with its trail of symptoms. Where the gall bladder becomes acutely inflamed it may become filled with pus or even become gangrenous with subsequent perforation, discharging its highly infective contents into the general peritoneal cavity. One other complication which one must always bear in mind is primary carcinoma of the gall bladder, which one can often closely associate with a long continued irritation caused by the presence of stones. In this stage the operative mortality reaches an alarming degree, being about twenty per cent. It is because, in the past, the larger number of gall bladder operations were done at this time, that surgical interference in gall bladder disease has been looked upon as a most serious undertaking. Hence, it behooves us to make our diagnosis before one is compelled to subject the patient to a surgical emergency at a time when the mortality is so terrible.

As regards the treatment of this disease, it has now come to be regarded as definitely a surgical condition. However, in our experience in the bacteriological investigation of this disease, we believe that wherever possible the gall bladder should be removed, unless there is some inoperable obstruction to the common duct. In this case the gall bladder is

anastomosed to some part of the intestinal tract. Our reasons for reaching this conclusion are that we have found in a large percentage of cases that we are able to discover cultures or organisms from the depths of the wall of the gall bladder itself. Hence, if one would simply drain the gall bladder, infection in the gall bladder would persist, and in some cases it would only be a question of time until the patient would be again suffering from the original symptoms. In view of the fact, also, that the greatest number of the abdominal surgical disorders are the result of a a diseased appendix, and that Adami has proven that the gall bladder may be infected through the portal circulation, it is our duty in every operation upon the biliary tract to explore and deal with any co-existing lesion of the appendix.

Other surgeons believe that the gall bladder should be simply drained and left, because they contend that whatever disease may remain at the completion of the operation will recover sufficiently to give no further trouble. However, the statistics of an English investigator, during the time when drainage was the operation of choice, show a complete recovery from all symptoms in only fifteen per cent. of cases. In opposition to this, the most recent statistics of the Mayo Clinic, in a large number of removals, show a complete cure in over 70 per cent. of cases, their mortality being in the neighborhood of one per cent.

Hence, the conclusion one must draw from the above is that gall bladder disease should be treated surgically, if possible, before the stones have formed, and in order to do this the patient must realize that, of all the ills which are attributed to stomach disease, probably 90 per cent. are either reflex or secondary to some other intro-abdominal lesion, among which the gall bladder holds a place of no mean importance.

Prenatal Work

By Margaret Dewey.

The problem of infant mortality and its solution has long been recognized as one of the most serious of modern life. At the present time the war, with its slaughter of countless thousands, has brought the problem more minutely before us, demanding a successful solution as a necessity. In order to aid in the great conservation of infant life, we, as social workers, must endeavor to solve this problem as it is presented to us in our towns and cities with their many nationalities, creeds and temperaments, each of which presents to us a mother who must be treated individually.

The mother—the happy mother—is the product of right living and thinking and loving. When men accept the knowledge that motherhood is holy, then and only then will be settled many of the vexed questions that face the social worker wherever she may go. Then will the babe

have its rightful place, and be the symbol of the love and beauty of two human lives, and a sign that earth's best product is God's gift to man.

When this truth is accepted, much of the fear and dread surrounding childbirth will disappear, for with the truth unnatural conditions must be removed. The wife who, during her time of childbearing, is surrounded by care and consideration, who is not unduly petted and pampered, responds with her best, mentally, physically and spiritually. During the nine months of pregnancy the mother is producing a new body whose disposition and outlook on life will be largely moulded by her thoughts, her struggles and her purposes. "By their fruits ye shall know them." Pity the poor child whose mentality is below par, whose physique is imperfect, or whose temperament is unhappy, and knows he is the sufferer of a fault for which he is not responsible, but must oftentimes be held accountable.

In our work among the many classes and kinds of mothers we encounter, we aim to educate the mother in some of the most simple laws of hygiene as a guide for her welfare during pregnancy. We usually meet the mother for the first time at the Burnside Clinic. She has been advised by a nurse of the Department of Public Health to attend the Clinic, or she has come on the advice of friends, or, as is often the case, she has had a baby before at the Burnside, and realizes what it means to be under the care of a good doctor and be visited by a nurse who is willing to help her when possible during this trying time. When the expectant mother visits the Clinic for the first time, a history of home conditions is obtained and then the patient is examined by the attending doctor. If she be in a normal condition, she is told to come back in a month, and in the meantime the social worker will call at her home and see her. The worker knows the physical condition of her patient and regulates her visits accordingly. It is during these visits that the nurse sees and hears what the life of the expectant mother comprises. Home conditions are opened for her inspection, and the attentive nurse finds out why the home life of many of these poor people is not bright and happy as it should be. Now, too, is her time for sowing seeds which she expects will gain a harvest, but not always do they take root and spring up. Almost without exception the nurse is a welcome visitor at these homes, and varied indeed are the receptions she receives, even the best chair oftentimes hastily dusted for her comfort. When the patient's confidence is gained, she speaks freely, telling about her children, her husband and household affairs, the nurse offering suggestions in as simple language as possible.

Usually the first point touched upon is the diet of the expectant mother. We suggest that she eat simple, easily digested foods, and not too much at one time. She may have an extra meal if she does not feel satisfied, but must always eat her meals slowly and masticate well. The value of drinking water freely between meals is explained to her. Meat eating is advised in only small quantities, and on no account should

any stimulating foods or liquids be taken. Often the mother thinks she must eat enough for two just because some friend without knowledge has told her so. In order to have a healthy appetite, the waste materials of the body should be eliminated properly. This means the skin, lungs, kidneys and bowels should be kept in good condition. The frequent use of water, along with fresh air, will regulate the first three and also to a certain extent the fourth. The bowels must not become constipated, and the best means to avoid this condition is to start early with regular natural habits, use fruit and water freely and breathe plenty of fresh air.

A pregnant woman is told to keep her body clean. This is an easy matter for the woman who can enjoy a warm bath each day, but what of the many who never see a bath tub from one week to another? All that can be done in such cases is to encourage a sponge bath, but even that is foreign to many of our mothers. It is always very gratifying to give a thoroughly good scrubbing to such a patient who comes to the hospital to be delivered.

To tell a mother who has half a dozen children depending upon her that she must rest while she is carrying her baby seems waste of words. Yet, even the busiest mother can sit down while she is doing such tasks as ironing, washing dishes, and preparing vegetables, and thus relieve the strain on her back and legs. When sewing or reading she can sit on a chair or lounge and elevate her feet on a level with her body. If possible, a half hour's rest in the morning and again in the afternoon, with eight hours' sleep in a well-ventilated room at night, should be her due. The mother of the quiet nerves and muscles that have been regularly relaxed is the only one under normal conditions that may expect an easy confinement.

To obtain this reward, exercise is also needed. Muscles that are not used become weak and refuse to respond when most needed. Usually the every-day household tasks, if the room be airy, are sufficient healthful exercises; along with this a daily walk in the fresh air is beneficial. All violent exercises, as tennis, dancing, gymnastics and long motor rides, should be avoided. The woman who has to work for a living should be relieved of her work, if possible, at least three months before her confinement. To rich and poor alike, fresh air is both necessary and available—water cleanses the body and fresh air the lungs. Deep breathing is a simple exercise and is important to both mother and baby. Ventilated sleeping rooms and living rooms must be encouraged, and houses so located that these are not obtainable are attended to by the Department of Public Health.

In regard to clothing for the expectant mother, it is best to wear clothing suitable to the season—pressure and tight clothing should not be used. The weight of all garments should fall on the shoulders, a simple maternity gown or a Russian blouse, with maternity skirt adapted to suit any figure, and be a comfortable and healthful costume.

From the beginning of pregnancy a woman should put herself under the care of a good physician and report regularly to him. He feels it is his duty to see her frequently, and she should co-operate with him. In our hospital the poorest patient may receive care and attention free of cost during her whole pregnancy. Every Tuesday and Friday afternoons patients report at the Out-Door Clinic at the Burnside. When a patient reports for the first time, the doctor takes a history of her present condition and of her previous confinements. He makes a note of any abnormal condition, such as headache, constipation, swelling in any part of the body, sleeplessness, heart condition and skin eruptions. The patient is referred to the Special Treatment Clinic, or any other Clinic if necessary. The doctor advises her of her condition, and she is visited regularly as her condition may demand by the social worker. If at any visit she finds untoward symptoms increasing instead of diminishing, the patient is encouraged to immediately attend Clinic, where oftentimes she is asked to enter the hospital in order that she may receive the care her condition demands. We feel we have saved some mothers endless suffering, and probably saved the life of the infant, by urging her to enter the hospital at a time when she thought her illness was only part of her pregnancy.

For "at home" confinements the nurse urges a few simple preparations. She asks for a quiet bedroom (where possible), and to have old carpets and wall-hangings removed. The electric light or gas or lamp is asked to be in good condition, as it may be hurriedly required. As a rule these patients do their best, even though the results are poor. They will have ready kettles of boiled water, hot and cold, some clean sheets and pillow covers, plenty of newspapers, some clean quilts or blankets, and a box containing the baby's clothes. In cases where clean bedding cannot be obtained, the Out-Patient Department supplies the necessary linen, and it is returned after the visiting is over.

Home cases are charged the minimum fee of $3.50 for supplies used. This includes sterile pads, wipes, basins, towels, in fact everything the doctor needs for the confinement. Every morning for nine consecutive mornings the patient is visited by a nurse in training from the Burnside. She receives the same care, as near as possible, as if she were an indoor patient. She is bathed and made comfortable, dressings are done and left to be used in the next twenty-four hours. Her temperature is taken and recorded and medicine left as hospital routine. The baby is attended just as a hospital nursery baby, and, when the nurse leaves, she carries with her each morning a fully recorded account of mother and babe. This is entered on the patient's chart and is kept the same as any other hospital chart. The Social Service nurse visits during this time also and encourages the mother to nurse her baby at regular intervals, and suggests diet best adapted to this period. The patient is told the nearest Well-Baby Clinic and advised to take her baby there regularly, where it is looked after by the doctors and nurses of the Public Health Department.

Often the question is asked by a young mother what she must get ready for her baby. She has only a very moderate sum of money and dare not spend more for the baby than is necessary. In such cases we advise a limited wardrobe, and, if possible, made by the mother. Suggestions are given her as to quantity and quality and patterns to fashion small garments. Where a choice is to be made between a cot and a carriage, the latter is advised, so that the baby may be wheeled outside and sleep in the open air. It takes many arguments to persuade the ignorant mother (and sad to say not only the ignorant mother) that a baby warmly clothed is receiving the best attention sleeping outdoors, even for some hours daily in the coldest weather.

We would like to see a reformation in many conditions for the expectant mother. Organizations to educate mothers in the principles of pre-natal care are needed, and mothers taught to live in accordance with these principles. Homes with a view to insure adequate light, heat, ventilation and sanitary conditions are badly needed among our poor. The Department of Public Health is doing excellent work in enforcing cleanliness in streets, alleys, lanes, street cars, railway coaches and all public places, and this is a step in the right direction. Dust and dirt, in the home and out, play an important part in keeping up the rate of infant mortality. If fathers and mothers were taught the simple rules of hygiene, and lived in accord with them, their offspring would benefit greatly and we would have healthier boys and girls. Social Service work is extending its aim. Its object is cleaner and healthier homes, proper food and care for expectant mothers, with more skilled attention for their children. In the near future more maternity centres are sure to be established, and they will meet the needs of mothers who are either poor or not in good health.

Ideals in Public Health Nursing

By E. I. Johns.

The title of my address, "Ideals in Public Nursing," would seem to necessitate an apology, but as the topic was assigned to me and was not my own choice, you will perhaps pardon my presumption in speaking to you of ideals in a field of nursing in which many of you have far more experience than I.

I come to you simply as a woman whose face is now turned towards the setting sun, but who was trained in Manitoba and whose active nursing life has been spent chiefly in the Canadian West, and who may therefore claim to know something of the problems you are going out to meet and of the difficulties which will confront you. I am not going to weary you with graduation addresses, platitudes about the beauty of your call-

ing, or try to set for you a standard of impossible virtue, but I am going to ask you to cling to your ideals with such strength as you possess.

To keep your ideals in spite of disappointments and difficulties will not always easy, but I am old-fashioned enough to feel that it is worth while to try, because, unless you can bring to your tasks some of the divine fire of idealism, you will fail in measuring up to your opportunities, for it is for you to kindle a flame. That in a word is my ideal of a public health nurse—a torch-bearer—a bringer of light to those dark places—that they may rise and go forward safely to a saner, healthier way of living.

Let us see what our torch-bearer should be, how should the torch be kindled and how carried. The public health nurse should, it seems to me, be young enough to have enthusiasm and be old enough to have sense. This delightful combination is painfully rare I will confess, but it does seem to me that a woman who undertakes the guidance and teaching of others should be capable of bearing herself with dignity and restraint. The very young graduate is not, as a rule, conspicuously endued with these qualities, but she is enthusiastic, being as yet unbeaten, and the courage of ignorance has sometimes vanquished evils that wary maturity has been afraid to tackle. We will hope, then, that she will be of an age when courage is tempered with discretion, but not so much tempered as to be overcome. Be bold! Be bold! Be not too bold!

Her mental qualifications should be above the average. She is to be a teacher of health, she should therefore possess knowledge of her chosen subject, and she should be capable of imparting that knowledge to others. This last attribute is not in my experience common among nurses. We all know the type of head nurse who "can do the thing herself, but can't be bothered showing you how to do it." Such an one has not a vocation for public health nursing. Furthermore our nurse teacher should know how to teach. She should be trained to teach. A born teacher is quite as rare as a born nurse, although there is in the public mind a cheerful delusion that our ordinary nursing course equips us for all demands made upon us, including that of instruction of others. Unfortunately this delusion is not confined to the laity; until very recently we were ourselves complacently of the opinion that it was quite true; some of us still are, but I am sure that you will have been out on your fields for a month before the use of such training will have been borne in upon you very forcibly. Special training of such a nature is difficult to obtain in this country as yet, but money can be saved; summer courses in Chicago, New York, and elsewhere are available, with a resultant broadening of your mental horizon which would be of value to you as individuals as well as increasing your usefulness as nurses.

The New York School of Philanthropy lays great stress on the adequate instruction of public health workers in the broader aspects of social science. In speaking with one of the instructors on the subject, some

frank criticism of the average graduate nurse was elicited. "Oh, yes," he said, "they're good women—faithful, painstaking—all the virtues; what a pity they know nothing but nursing! makes them a bit dull, doesn't it?" I meekly murmured that I was one of the mentally deficient ones myself. "Oh, I'm sorry," he said, "but it's true, isn't it? And you know it. Perhaps it's a result of your training; you are too close to your work to see it whole—'you can't see the woods for the trees'—you have not social background."

Dont' you think he was right? Now what can we do about it? Well, we can read, and we can think along social lines. We can join organizations for social betterment; we can avail ourselves of every educational opportunity within our reach. Of course you all read the Public Health Nursing quarterly, and the Survey, and the nursing magazines, and in addition a very fascinating library along the lines of your special branch can now be gathered without great cost—a book at a time.

In the country it seems to me a great deal could be done through the Home Economics Societies. These farm women are the salt of the earth, and could instruct us in our field if we would listen to them. We had the privilege of hearing some of them voice their views on the nursing question at the Dominion National Council, and those views were more intelligent and progressive than our own.

This leads me to another ideal, that of co-operation. In this our neighbors to the south have attained to a far greater degree than we have. It would seem to be desirable and necessary on entering your fields to acquaint yourselves with the existing social organizations of every kind in your district, no matter how primitive these may be. They may not be "high-brow," but see if you can't raise the intellectual level of the Ladies' Aid from the consideration of such topics as "who burned the hole in the parsonage carpet" to a good discussion on how to feed children properly, or what a measles rash looks like. You may not teach them anything, but you will learn something yourself, and that is how to reach these women, and how to make them like you and trust you. You will only be a power in your community in so far as you realize the possibilities of that community for purposes of co-operation and, having realized them, proceed to enlist them for your own purposes.

Granted co-operation will not be easy, it is barely possible that without meaning to do so you may offend the village oracles, even (under my breath I say it) the local doctor. He may consider your ideas on infant feeding as a trifle highfalutin. He may even characterize your treasured child welfare ideals as tommyrot, but be patient with him; remember he isn't as young as you are and hasn't had your advantages, and remember that he has served his generation well on many a long, freezing winter drive, when his coming has brought such help and comfort to those in dire need that his patients are willing to overlook the little eccentricities of dress and manner and speech which distinguish him in your eyes from the city practitioners you have been accustomed to working

with. Let us keep one thing clear in our minds: if the rural nurses measure up to the standard of devotion to duty of the rural doctors, we shall not have to blush for them; on the contrary, we shall be proud of them, and with good reason. Better co-operate with the doctor, don't you think, even if his ideas are a bit archaic? Who knows but what you may convert him to better ways! Medical men can be managed, every nurse knows that; you may need his help pretty badly when you get in a tight place, and, after all, it is so much better to manage than to antagonize.

Again you will meet with the experienced nurse upon her native health. She who has "had seven children myself, my dear, and buried five," and let us not forget that other practical nurse—the decent, capable, steady-going woman who is the mainstay of many a scattered community doing the work we graduate nurses so far have not undertaken, and filling a place we have not always been ready to fill. Are you going to put on a haughty air like Lady Maud in the poem and "Slay her with your noble birth?" I hope your sense of humour won't be forgotten among the more saintly ideals in your possession; here is an occasion where you will need it. Of all animals a dog in the manger is the most objectionable, and the sooner we realize that the modern graduate nurse is not meeting all the nursing needs of our community the sooner we shall face and help solve that knotty problem of trained attendants, and burning questions, such as midwifery and other controversial topics, which are agitating the public mind. We nurses of the city are confidently expecting that the provincial public health nurses will be able to assist materially in the solution of the problem of nursing care for the people of the more isolated districts. We are hoping and expecting that from your intimate knowledge of conditions you will be able to formulate some plan by which we as a profession may be able to answer that call which comes to us from all sides—"Come and help us!" A man in whose judgment I have great confidence, and whom I greatly respect, said to me the other day: "You nurses are a disappointment; we look to you for leadership on health questions, but you don't lead us. We push you in front of us." That won't be true of you in the country, at least I hope it won't. You are going out as leaders; you are not tied to routine duties like your sisters in the hospitals; you are not harassed with 1001 petty interruptions; you have time to think and read and plan, and, above all, you have the opportunity to break new ground; you don't have to patch up other people's mistakes and blunders; you will only have to patch up your own; think of that and be happy.

So far we have mentioned the ideals of courage, of tolerance, of humour, of vision, of adequate educational preparation, of unselfish co-operation with others.

In conclusion, let me remind you that you have chosen to be pioneers. That is a good word; it implies the stern virtue of endurance, of hardship, of loneliness, of isolation. You may as well make up your

minds to these things, for you will not escape them. But is there not a stern joy in conquering them which reminds one of those times on night duty when the ward was so dreadful and the semi-private women so outrageous that we never expected to see the sun rise or hear the night engineer clicking out the lights in the corridors as a signal that the day nurses would soon be coming on, and yet the sun did rise, and the day nurses did come on, and we were very proud to think that we had helped to pull that bad operation case through the night, and decided to postpone resigning for a day or two, anyway. Try to think of those days and nights when you are tired of the weary flat prairie and long for the flesh pots of the city. Those are the times when your torch will burn low, and you will be tempted to let it flicker and go out. It is only a little flame, anyway, and no one would miss it if it were gone; but are you sure no one would? When I was young we lived in a very lonely place on the shores of a New Ontario lake, and every evening when the lamp was lit mother would never let us draw the blinds. "Some one might be out on the lake and might see it, if they were in any trouble," she used to say, and one night a party of lumbermen came in, one of their number badly crushed by a falling tree and sorely in need of care and shelter. "Never saw anything look so good in my life as that light of yours," he said, and he meant it. So it may be with yours—for you are to hold up your torch in a lonely place where perhaps it will shine the brighter because of the surrounding darkness. Does this not seem to you worth while? I could find it in my heart to envy you your opportunity, but, instead, I will wish you Godspeed and a good journey on the long prairie trail toward which your faces are set, both for tonight and for the days to come.

The Nursing Preparatory Course in Vassar College

By Isabel M. Stewart

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Nurses everywhere will be interested in the announcement of a three months' preparatory course in nursing which Vassar College is planning to open this summer, to college graduates who wish to enter for the two-year and three-months' course of training in nursing.

This plan of reducing the regular three-year course for women, with full college preparation, has already been accepted as a war emergency measure by a number of leading hospital training schools in the country, the idea being that pupils with this sound educational preparation might be pushed forward more rapidly into positions of responsibility and so help to take the places of head nurses, teachers, supervisors,

and public health nurses, who have been drafted into the national service. These training schools are simply adopting the general policy of the army and the navy, who are recruiting their officer material for the new national forces largely from the men's colleges. There is no doubt that among the students and graduates of women's colleges there is much excellent material for the many teaching, organizing and administrative positions in nursing, and it has been quite evident that, especially since the war began, many of these women have become keenly interested in nursing and eager to serve in the nursing ranks. The length of the three-year course has formerly been the chief obstacle in keeping them out, and now that their college work is being credited for part of this period of preparation, very much larger numbers are entering our nursing schools.

The fact that Vassar College was chosen to make its main contribution to national preparedness in the form of a preliminary course leading to the regular professional training, rather than in the form of popular short-cut courses for amateurs, is significant and encouaging. It is clear evidence of the growing recognition of nursing as a field for highly trained workers. It shows that the country is realizing the vital part the nursing service has to play in the prosecution of the war, and it seems to show also that with all the various forms of national service competing for the enlistment of our ablest and most thoughtful women, the old call for personal service to the wounded and suffering and the new call for life-saving through prevention and conservation still make a very strong appeal.

In choosing this plan of the preparatory course in training, Vassar has had two main purposes in mind. First was the urgent need to increase as rapidly as possible the number of nurses available for enrollment in the Red Cross. By drafting into this extra summer class a good, large group of highly qualified student recruits and giving them a period of intensive preparatory training, it was felt that they could get more directly into active service in the wards of the hospital, and would be able a little earlier to take the places of the senior nurses who will be steadily graduating into the army and navy service. Since very few hospitals are able to take in summer classes, these students otherwise would have to wait till fall to begin their preparatory course. They will thus be at least three months ahead in their preparation, and the hospital will be able to put them immediately into regular ward work without having to give them the initial period of instruction and practice which is necessary for any safe and intelligent service to the sick.

The other very important consideration which Vassar had in view was the desire, if possible, to relieve hospitals from some of the heavy burden they are now carrying. With their seriously depleted nursing and medical staffs, and their growing expenses of maintenance, hospitals are still making every effort to respond to the country's need by admitting more classes and training larger numbers of pupil nurses, often

at considerable additional expense and trouble. It is evident, however, that if other educational institutions can take over any of the necessary teaching work, without loss to the students, it would be not only a privilege but a duty, especially in this time of crisis, for them to offer to relieve the hospital in this way.

This, of course, is not a new idea. There has been an increasing tendency in recent years, especially in nursing schools affiliated with universities, to transfer part at least of the preparatory work from the hospital to the class rooms and laboratories of the college or university. This relieves the hospital of the most expensive and difficult part of the theoretical work, and it gives the students the advantage of better instruction in the scientific subjects and better educational facilities generally. While it is probable that the student suffers some disadvantages from the loss of the early contact with patients, which helps to bring a richer meaning and a more definite purpose into her theoretical work, this seems to be more than counter-balanced by the greater thoroughness and intensiveness of a preparatory course which is not broken into by the exacting practical demands of the busy hospital wards.

The Vassar summer course has been planned with the advice and co-operation of the Committee on Nursing of the General Medical Committee on National Defence, composed of such widely known men and women as Miss Nutting, Miss Wald, Miss Goodrich, Miss Delano, Dr. Winslow, Dr. Goldwater, Dr. Smith, Dr. Welch, Dr. Biggs, Dr. Winslow, Miss Crandall and the presidents of the three national nursing associations. The Vassar Committee has also had the constant assistance of a small working committee from the National League of Nursing Education, composed of Miss Elizabeth Burgess, Inspector of Nurses' Training Schools, New York State; Miss Anne Strong, Assistant Professor of Public Health Nursing, Simmons College, Boston, and Miss Isabel M. Stewart, Assistant Professor of the Nursing and Health Department, Teachers' College, Columbia University, New York. The American Red Cross has advanced the funds necessary to secure the best facilities and the most competent staff of instructors who can be obtained in the country. This money is a special gift and has not been drawn from the regular funds of the Red Cross. Several men and women of national reputation have already promised to share in the teaching work, and it is believed that those stimulating associations, the comradeship of an unusually earnest and intelligent body of women, and the beautiful surroundings of Vassar College, as well as the call of the work itself, will combine to attract a large number of student recruits.

The Vassar Alumnae have undertaken the work of recruiting for the "Nursing," Plattsburg, and have already mapped out a publicity campaign which will extend over the whole country, and which, apart from this primary object of enlisting volunteers for the summer course, will undoubtedly help to spread interest in nursing. The committee which has this work in hand includes such well-known Vassar Alumnae

as Mrs. Hadley, wife of President Hadley of Yale; Dr. Katherine Bennent Davis, and Miss Ada Thurston.

This is no arm-chair, "get-nursing-quick" scheme for the woman who is afraid of work. It must be distinctly understood that there is to be lots of good, hard, serious work, and no triflers are to be allowed. The three months' course will extend into two terms of six weeks each. The work will require from six to eight hours daily in class, laboatory demonstration room and library. The required courses will be Anatomy and Physiology, Chemistry, Bacteriology, Hygiene and Sanitation, Nutrition and Cookery, Elementary Materia Medica, Elementary Nursing and Hospital Economy, and the Historical and Social Aspects of Nursing. For those who may have covered some of these courses satisfactorily in their previous college work, elective courses in Psychology, Social Economy and possibly Physiological Chemistry will be offered. A number of special lectures on interesting phases of nursing and social work will also be given.

The college is making arrangements with a number of representative hospitals throughout the country to admit these students for an intensive two-year course of training, which will include all the theoretical work usually given in a good nursing school, and a somewhat shorter period of training than is usually offered in each of the essential branches of Medical, Surgical, Obstetrical and Children's nursing. If at all possible, experience in Contagious and Mental and Nervous nursing is also to be included, since many of these people will probably enter some form of public health work.

The list of hospitals agreeing to co-operate on these general terms will be included in the announcement which will be distributed widely. Each candidate for the summer course will be directed to make application to any one of these hospitals, or, if she prefers, to an approved hospital of her own choice, and to present her letter of acceptance when she arrives. If the capacity of one of these training schools is exhausted, she will apply to another, and so on till she is placed. She will be pledged to go directly into the hospital on the completion of her summer course, and after a brief period of probation it is expected that she will proceed at once with the more advanced work, leading to the hospital diploma and the R. N. of the state.

In states where there is a three-year law requiring this full time to be spent within the walls of the hospital, it will not be possible to make the adjustments necessary for this group of students, but already a very encouraging response has been received from several prominent training schools in other states throughout the country offering to provide for groups of from fifteen to fifty each. It is hoped that there will not be any special reductions in the numbers of pupil nurses entering in the regular way, but that these extra pupils can be used as an auxiliary force to relieve the pressure on the existing staff, and, if possible, to

shorten the long hours of duty, to provide against the possible drafting of senior nurses for war service, and also to insure a greater increase in the total output of trained workers.

The experiment will be closely watched by a large number of college officers, students and alumnae whose interest in nursing has already been greatly stimulated by the proposed plan. It will also be followed with much interest by everyone who is concerned with the advance of nursing education. Dr. McCracken, President of Vassar College, and Mrs. Blodgett, one of the Vassar trustees, who has been most influential in pushing the plan through, both feel that the success of the summer course depends largely on the co-operation and the support of the hospitals and of the nursing profession. They are anxious that the standards of nursing training should in no sense be weakened, but rather strengthened by this plan, and they are hopeful that it may lead to a much wider participation by college women generally in hospital and public health work. Miss Julia Lathrop, of the National Children's Bureau, has been one of the most enthusiastic supporters of the proposed course, and is eager to secure large numbers of such well-trained women for the infant welfare campaign which leans so heavily on nurses.

Nurses will be interested in knowing that the Dean of the Summer School will be Professor Mills, a member of the Vassar College faculty, who some years ago earned the appreciation and thanks of every member of the nursing profession by resigning from the School Board of Poughkeepsie as a protest against the appointment of an untrained woman in the position of school nurse. Professor Mills will be supported by a very able member of the nursing profession, who will have direct supervision over the actual work and life of the students.

Further details about the course may be obtained by applying to Vassar College, Poughkeepsie, N. Y. Nurses and nursing organizations throughout the country are asked to co-operate with the Publicity Committee of the Vassar Alumnae by spreading information about the course and by interesting possible applicants in it.

Nursing Sister Myra Goodeve, of the Alumnae Association of the Lady Stanley Institute, who has been awarded the Royal Red Cross of the First Class, is a daughter of Mr. A. S. Goodeve, of the Railway Commission. After training in Ottawa she took a military course at Halifax and a special course in Boston. After going overseas she served in Gallipoli, at Mudros and in Saloniki. She has been for some time matron at Le Treport Hospital, France. She is regarded as one of the most capable nurses in the service.

Be not uneasy, discouraged, or out of humor because practice falls short of precept in some particulars. If you happen to beaten, return to the charge.—MARCUS AURELIUS.

Editorial

One is glad to see by a newspaper interview with Surgeon-General Ryerson that a petition is being presented to the Federal Government asking for an amendment to the Red Cross Act to enable the organization to undertake civil work. At the time of the Halifax disaster, the society was of tremendous help to that city, though that class of work was not within the scope of its original constitution, which provides only for the wounded sick and prisoners among the soldiers and sailors in time of war. This will make it of far greater value, and its great organization, supplies, etc., will be ready for use in any disaster. This, with the proposed relief work for returned soldiers, will keep our many members in active Red Cross work for a much longer time than the duration of the war.

* * * *

We are pleased to note that the Royal Red Cross of the First Class has been conferred upon Matrons Myra Goodeve, Janet McDonald, Helen Shearer, Jean Urquhart and Ella Wilson. The Royal Red Cross of the Second Class has been conferred upon Nursing Sisters Annie Baillie, Elizabeth Best, Mabel Bruce, Isabel Connor, Winifred Fray, Margaret Galbraith, Sarah Heany, Elizabeth Martin, Margaret McCort, Annie Stirling, Alice Hogarth and Ethel Upton.

* * * *

The Editor is going to ask the nurses who are good enough to send personal items from the various Associations to help her a little in the work of preparing these for the press. May she ask that all material be sent so as to reach her by the 6th of the month at the latest—about the first would be better. Then will the correspondents please write on one side of the paper only, and if possible send it typed, or, if written, with special care as to the proper names, places, etc. If other matters are to be written about at the same time, such as subscriptions, advertisements, or questions, it will be such a help if each is put on a separate sheet. This will help to prevent mistakes, as each department of the magazine has to have its own place in the office. Our magazine is, slowly to be sure, but nevertheless surely, growing; the mailing list, subscribers in the United States, Great Britain, France, Holland, India, Greece, China, Japan, Honolulu, Australia-New Zealand, and the other day South America was added to the list, shows the extent of the circulation.

If we all work, making up our minds that we can at least get one more subscriber, the financial worries of the Executive of the C. N. A. would vanish and we would then have the money that would make our

journal better. No one knows better than they do that photographs, paid articles, special work, etc., would make it better, but the old proverb of cutting your garment according to your cloth still holds good, and we have no right to ask for more than we can pay for. What an inspiration it would be to the Executive at their meeting this summer if each nurse there came with her list of new subscribers. Will you not all help?

Letters to The Editor

Dear Editor:

I would be very much pleased if you would tell me where, in Canada, I can take a post-graduate course. I can only find advertisements of such in nursing journals, and they are for American hospitals. Some time ago I saw in the *Canadian Nurse* an appeal for helpful suggestions, and this is mine—that all Canadian hospitals giving post-graduate courses advertise in the *Canadian Nurse*. It surely will be helpful to Canadian nurses wishing to take up such work. Now they are bound, in the lack of such information, to go to the United States. Hoping that this will bring some response,

Yours truly,

C. R.

Dear Editor:

I would like to ask you some questions. Do you know where, either in Canada or the United States, a graduate nurse might take a course in giving anæsthetics? Do you know what education the nurse would require, and what is the law covering the giving of anaesthetics by nurses in Ontario? Looking for an answer in an early issue of the *Canadian Nurse*,

Yours very truly,

M. F.

Dear Editor:

Work in the Children's Hospital, Halifax, at the time of the disaster, when the great explosion shook Halifax and caused such a disaster as had never occurred in the history of the world, I wish to tell the nurses of Canada a tiny bit about the work done by our Children's Hospital during that dreadful time, and, in fact, ever since. The morning of that December day the wee ones had finished breakfast and were ready for the dorctors' visits when the first crash and the sound of breaking glass came. The Superintendent was the first person cut with glass, but she could pay no attention to herself, for the hurt babies needed tending and at

once. As soon as possible one of the surgeons, Dr. Wotherby, arrived, and, after removing several pieces of glass from Miss Bamford's face and putting in stitches, began the work of caring for the poor, hurt children that were being brought in. Soon the hospital, which contains 27 beds, was full to overflowing, and cots were put up everywhere. Doctors and nurses worked from morning till five o'clock with no stop for food, only a bite as they worked. This prompt work saved many, among others a tiny girl who was found in an ashpan, the stove having fallen over on top of her. She was cared for and cured. Another had been considered a hopeless case, but in spite of having 48 stitches in her face alone, she is going to get better and will not be very badly marked. The permanent staff at the Children's worked unaided for several days, doing all they could till outside aid came, which was thankfully received. Out of all the many cases taken in, they only lost two, which is wonderful considering the conditions. The hospital is at present small, but if things get normal again, it is, we hope, to be enlarged. Now, more than ever before, people realize the big work being done there, and trust that it may grow in size and long remain under the superintendentship of the woman who stuck to her post when she herself was badly hurt.

SIBELLA BARRINGTON,
Vice-President, G.N.A.N.S.

Many months ago, writes Leonard Williams in the "Practitioner," London, a friend said to me, "How do you treat pneumonia?" Having never completely divested myself of my truculent mid-Victorian training, I replied, "With Faith, Hope and Chairity. Faith, in the medicatrix naturæ; Hope, for the absence of complications, and Charity with those who differ from me."

"You don't give Digitalis?" "No."

"Nor Calcium?" "Neither."

"Not even thyroid?" "Animal farceur!"

"And you make no local applications to the chest wall?" "Never."

"Then you are wrong. Listen."

And, being a willing listener, I listened. Some twenty years ago he had seen much hospital work in Paris. At that time in the treatment of Pneumonia the practice of many of the French physicians was to blister the affected side, and he had satisfied himself that the cases thus treated did better than those in which the blistering was omitted, and he adopted the practice in England. After a time, however, largely on account of the objections urged by the patients and their friends to the pain and discomfort produced by the blisters, he rather reluctantly ceased to apply them and reverted to the "expectant" method in which he had been nurtured. Time went by, and one day he received an advertisement of a prepartion known as Antiphlogistine, for which it was

claimed that when applied to the affected side in Pneumonia, either lobar or catarrhal, it had the effect of reducing the temperature, slowing the pulse-rate and promoting sleep without any additional treatment. With the memory of his blistering days full upon him, he decided to give it a trial. His experiences were such as to give him encouragement, and to bring him near to believing that not all men, not even all American advertisers, were necessarily liars. . . .

I decided to turn my attention to the claims of Antiphlogistine, which up to that time I confess to having regarded merely in the light of a convenient form of poultice, locally dehydrating, decongestioning and comforting, but probably innocent of any effect upon pulse rates and temperatures. Here again, one case in the history of my conversion must suffice.

In November of last year a young Belgian of 20 years was admitted into the French hospital with a temperature of 104 deg., a quick bounding pulse, slight cough and severe pain in the left side. On admission physical examination was negative. The following day his nose bled, but neither I nor the resident—an experienced Belgian doctor—could detect any signs in the chest. That night he was delirious and coughed a great deal. On the following day he voided some sticky sputum which was typically rusty, and developed labial herpes. Physical examination now revealed the classical dullness and tubular breathing over the left lung for which I had been looking. His temperature was 105 deg. At about 4 p.m. a gamgee jacket thickly spread with Antiphlogistine was applied over the whole chest. The following morning his temperature was normal.

Now, I do not pretend to explain these happenings; for the benefit of the open-minded, I content myself with recording them. The clinician must protect himself against the sneers of the laboratorist. That we are unable to follow the processes by which a healing measure produces its effect is a sorry reason for discarding it. The search for a scientific explanation is a laudable and, academically, an interesting adventure, but in practice it is but a sleeveless errand. Trosseau, probably the greatest clinician of any time, has expressed in characteristically simple words the only position proper for us to adopt: "Je ne vois en therapeutique que deux choses: le medicament applique a l'organisme, et le resultat eloigne de cette application. Quant aux phenomenes intermediares, ils nous echappent, et nous echapperont probablement toujours." Who can explain the process by which digitalis works its wonders; and what advantageth him who can?

My heart can find no truer wish to send
And this alone can make you truly blest:
God still be with you till the year shall end,
Each day His choicest blessings on you rest.

The Annual Meeting of the Board of Governors of the Order takes place on March 14th, in Ottawa. Prior to that meeting will be held the first conference of Victorian Order nurses held since the establishment of the Order. The conditions of public health nursing have so changed that it is necessary to make changes and improvements in the system as it relates to the nursing service. The methods of the training centres must be standardized, and it is felt that any changes asked for in regard to the nursing service should come in the form of a recommendation from the nurses themselves. The Annual Meeting of the Board itself will adjourn after its routine work, and the recommendations from that will be placed before the re-assembled Board of Governors for action. It is felt that great inspiration will come to all from this meeting. All the nurses will not be able to attend this, but the heads of the training centres, the head nurses of districts and each province in Canada will be represented in some way.

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One of the finest nurses in the Order, Miss Gertrude Stoer, died at Cornwall, February 6th, of pneumonia. Speaking of her, a physician in Cornwall wrote: "For the past year her work has come under our more immediate supervision. She has always promptly responded to the call of duty, and faithfully and efficiently fulfilled the tasks allotted to her with an eye single to the good of the patient under her care. Her good nursing has aided materially in the restoration of such to their wonted health, while in those other and more hopeless cases her visits and loving care have lessened the pain and sorrow of the sufferer." Miss Stoer was an Englishwoman and, away from her own country and people, died practically in harness. It can be said of her that "Greater love hath no man than this, that he lay down his life for his friend."

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The Victorian Order looks forward with confidence to the coming year to still further serving the people of Canada.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Fairley, Alexandra Hospital, Montreal.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss S. Wilson, 638-a Dorchester St., West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

The regular meeting of the Canadian Nurses' Association was held in the club room on Friday, February 4th, Miss Phillips, President, in the chair.

The speaker of the evening was Dr. Harry Hill, and for his subject took "Abdominal surgery, preparation of patients, after treatment, and diet."

In these times when so much is being told of war work and conditions, it is rarely that we have anything quite so refreshing and practical as Dr. Hill gave the Association that evening.

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On February 14th the house committee of the C. N. A., assisted by various members of the executive, entertained at a Valentine Tea in the club room. Miss Phillips, assisted by Miss Craig, received the members and guests, and, as the entertainment was in the nature of a shower for the furnishing of the clubroom, several useful gifts and cheques were received. A very enjoyable musical programme was arranged, and the afternoon was most successful.

Part of the wing of the Grey Nunnery that was destroyed by fire was that section which has been used for over two years as a Military Convalescent Home. Fortunately all the soldiers were removed at though much damage was done and great loss of life in the adjoining wing, which was used as a creche.

" Iawake this morning with devout thanksgiving for my friends, the old and the new."—EMERSON.

News from The Medical World

By Elizabeth Robinson Scovil

Hot Food

The Italian soldiers at the front have their food sent to them in large fireless cookers, ensuring absolutely hot meals wherever they are. This is worthy of consideration in large hospitals, where food has to be transported for long distances between the kitchen and the wards.

Early Symptoms of Tuberculosis

In incipient tuberculosis there are a number of symptoms that should excite alarm. A feeling of being rundown, lack of endurance and loss of strength is very common. It is especially alarming if the patient feels as tired after a night's sleep as before going to bed. Digestive disturbances often occur and loss of appetite, all desire for food disappearing at the time of eating. Loss of weight is frequently met with. A pulse higher than normal should be looked upon with suspicion. To take the temperature once a day is useless; to be of value it should be taken every two hours for a week. No matter what kind of thermometer is used it should be kept in the mouth for five minutes. An afternoon temperature of 99.5 is suspicious. Hoarseness is one of the early symptoms. A slight cough, especially early in the morning, is diagnostic. There are extremely few, if any, patients who have the disease and do not cough. Pains in chest and shoulder are often complained of; also a chilly sensation along the spine. These symptoms require immediate attention.

The Value of Alcohol

In a lecture delivered by Major W. McAdam Eccles, surgeon to S. Bartholomew's Hospital, etc., it is stated that ethyl alcohol is not an essential food. If taken as a food it is a most expensive one, consequently a "luxury food;" a great deal of it is being wasted by human consumption. Alcohol is essential for manufactures connected with the war, particularly in the production of munitions, and if used for other purposes it is wasted as far as victory is concerned. It is really a drug rather than a food. All the nutrition which can be obtained from alcohol can be obtained from other very much less expensive and more harmless foodstuffs.

A Substitute for Hypodermics

An eminent New York physician, Dr. Beverley Robinson, recommends a small hypodermic tablet to be powdered on paper with a penknife and then poured behind the front teeth, under the tongue. In a few moments it is completely dissolved and absorbed and a very rapid

constitutional effect of the drug administered may be observed. If there is pain it is almost magically relieved. In heart failure the circulation may be restored, even in apparently hopeless cases. In poisoning, a tablet of apomorphine hydrochloride, gr. 1-15, may be used in this way and acts as an emetic almost immediately. In a case of chloral poisoning gr. 1-30 of strychnine was added to the apomorphia. The latter may be used alone when it is necessary to empty the stomach at once, as in an impacted body in the esophagus. This method is free from all the risks and inconveniences attendant on the use of the hypodermic syringe. It can be used equally well when the patient is unconscious.

Operative Anesthesia

It is stated that the suffering produced by an operation is unconsciously perceived by the nerve centres even under deep chloroform narcosis. This is evident from the immediate intense fluctuations in the blood pressure in the carotid artery. Under the same conditions, but with the trunk nerve blocked with novocain, the blood pressure was not changed. Pain excitations transmitted to the nerve centres are the cause of operative shock. Local anesthesia should be preferred when practicable. Infiltration, or regional anesthesia, blocks the nerve, spares the nerve centres the strain from perception of the pain, while they leave intact the patient's capacity for reaction.

Digestibility of Whole Wheat Bread

Experiments have demonstrated that normal persons digest bran as well as a pig does, and when ground fine, even better than cattle do. The extensive use of bran-containing bread may be a factor in the success of drugless healers. War bread is therefore not indigestible.

Disease of the Nails

Good results have been obtained in the treatment of diseases in the matrix of the nails by röeutgen rays, the nails returning to normal without the usual disfigurement. One to three exposures were sufficient. A single treatment was enough for one tuberculus process which had persisted for two years after verious measures for its relief, including curetting and heliotherapy.

Diet After Loss of Teeth

A special diet is planned for men in the army who have lost their teeth. It is important not to hurt the gums and yet keep up the habit of mastication. Vegetables are cooked thoroughly, but not mashed. Meat is given finely chopped or in the form of beef juice. To stimulate the secretion of saliva condiments are added, pepper salt, thyme and onions.

Care of the Eyes of Patient During Etherization

Conjunctivitis occasionally occurs after etherization and is a most painful complication. It is supposed to follow the exposure of the eyes

to ether vapor, or the spilling of the liquid upon them. Usually the eyes are covered with a towel, piece of gauze or strip of rubber tissue, yet this protection is not always sufficient. The spilling of ether on the uncovered eyes does not usually produce a severe reaction. It is suggested that the cause of trouble is the towel or gauze becoming saturated with ether and being allowed to remain over the eyes. The ether does not evaporate readily and the net covering increases the danger. It is advised to leave the eyes uncovered. If ether is accidentally spilled over them they may be washed with saline solution, or sterile water, or the lids carefully dried with soft gauze.

Medical Help for Palestine

Among the plans of the Zionists for the reconstruction of the Holy Land is included the sending of a strong and well equipped medical unit to grapple with the medical and sanitary problems in that devastated land. Scarcely any physicians remain there and the condition of the people is deplorable. They are unable to help themselves and must have outside aid.

Disinfection of the Hands

A writer in a medical journal has employed for fourteen years the following technique for disinfection of the hands: A handful of calcium chloride is placed on a plate and on another some crystals of ordinary carbonate of soda. After careful cleansing of the hands with soap and a brush, a tablespoonful of the chloride of lime and a crystal of soda are placed in the hands. The lime and soda are crushed together, with the addition of a little water, and form a paste on the hands; this is rinsed off in sterile water. Ammonia, 1 to 5 per cent., will remove the odor of chlorine.

Milk for Healthy Infants

A French authority decides that it is unnecessary to add salt, sodium bicarbonate, lime water or sodium citrate, cow's milk for healthy babies. If there is digestive disturbance, or the child does not thrive, one or other of them may be of use.

Tuberculosis and Pregnancy

The tuberculosis married woman should be instructed concerning the danger of pregnancy, as it is an important factor in lighting up a quiescent tuberculosis. When conception has taken place, pregnancy should be terminated before the fifth month in all active cases of early and moderately advanced pulmonary tuberculosis, and in all advanced cases where the process is quiescent. Pregnancy should be avoided until the pulmonary leison has been arrested for several years. A tuberculous mother should not be permitted to nurse her child.

"My Friend is one before whom I may be sincere. Before him I may think aloud."—Emerson.

Public Health Nursing Department

Conducted by the Committee on Public Health Nursing of the C. N. A. Under the Convener on Public Health Nursing

THE CLINICAL THERMOMETER A CARRIER OF INFECTION

The more recent study of communicable diseases has established the fact that neither exfoliation from the skin nor the breath of the patient will give rise to the disease in another person, but rather that the infective virus or organism is given off in the moist secretions from mucous surfaces of the nose and throat, and in certain instances in the discharge of pus from an Otitis Media.

Having knowledge of these sources of infection, more rational measures are now taken to prevent the spread of disease. Thorough cleansing of articles which have been handled by the patient, and especially of those which come in contact with discharges from the nose, throat and ears, has taken the place of the former fumigation of walls, ceilings, atmosphere, etc., of the sick room.

The organisms of the common communicable diseases remain viable only for a comparatively short time outside of the human body, so that it is recognized that the most essential things to sterilize are those which are daily coming in contact with some other person's mouth or throat, such as toilet articles and eating and drinking utensils. Great care is taken in thoroughly sterilizing these articles, but the clinical thermometer is overlooked. It is one article which is passed from mouth to mouth without proper sterilization. It cannot be boiled and its cleansing is most cursory. Usually cold water and a handkerchief, or at best a casual wipe with 5% carbolic acid, is made to suffice. It is surely obvious that this is a serious omission in the chain of medical asepsis. The very article which is passed most rapidly from mouth to mouth receives the minimum of sterilization.

It has been recognized by all Children's Hospitals and Hospitals for Communicable Diseases that a separate thermometer for each patient is absolutely essential to successful management. It seems imperative, therefore, that physicians and nurses in general practice should adopt some form of thermometer and case containing a potent germicidal solution. Such an outfit would no doubt find a ready market, if it combined simplicity, durability and compactness.

The groups of public health nurses who make brief visits in the homes for observation and instruction will appreciate the article appearing in this number of the magazine on the cleansing of thermometers.

Others will be interested in the plan adopted by the Victorian Order of Nurses for their nursing visits. On arrival the nurse procures a half glass or cup of water, the thermometer is cleansed and dried with absorbent cotton. After using, lysol is added to the water, thermometer is cleansed with cotton and left in solution until the nurse has finished her work. The last minute before leaving she rémoves the thermometer from the solution, dries, replaces in case and empties solution. As the visit lasts about an hour, the thermometer is disinfected before it is needed for another patient.

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The Women's Institute of Ontario is deeply engrossed in patriotic work, chiefly the making of supplies and the raising of money for the Canadian Red Cross Society, but they have found time to extend their patriotic services, in efforts to create better standards of health in their communities. A course in Home Nursing and First Aid offered by the Institute Branch of the Department of Agriculture has proved to be popular. At present the Department has four doctors and three nurses engaged in this work. The nurses are: Miss H. E. Graydon, Streetsville; Miss E. Harcourt, Toronto, and Miss J. E. Didsbury, Toronto. The announcement of the course contains the following information:

"The object of this course is to enable women to easily obtain a knowledge of how to care for the sick in the home, what to do in an emergency and how to do it; how to render at all times the best possible assistance to the doctor or to the nurse, when her services are necessary, although very often that expense can be saved because of the ability of the women of the home to handle the situation.

Throughout the course the pupils have practical work in reading the clinical thermometer, counting pulse and respirations. The keeping of a chart is also taken up; this consists of keeping a simple exact record of the various things mentioned thereon.

List of Demonstration Lectures in Home Nursing:

1. Sick Room—Sanitation, Ventilation, Care, etc.
2. Bed-making for Various Forms of Sickness.
3. The Bath.
4. Emergencies
5. Hot and Cold Applications.
6. Bandaging
7. Disinfectants and Observations of Symptoms.
8. The Administrations of Food and Medicine.
9. Baby Hygiene.
10. Review and General Discussion.

The instructor and members of the class may substitute other subjects for two or three lessons announced. If the Institute members so desire, the instructors will give a few special talks or lessons to the older girls in the school as well as to other young girls of the neighborhood."

ONTARIO

Last November, Miss Knox, acting under the direction of the Bureau of Child Welfare of the Provincial Board of Health, conducted a Child Welfare Exhibit with baby clinics at Brantford, Woodstock, Sarnia, Stratford, Kitchener, Galt, and Guelph.

The Diet Kitchen

BY ELIZABETH ROBINSON SCOVIL

The three broad divisions of food are tissue-building, force-producing and heat-giving substances. The proteids, or tissue-forming element, are named from the Greek proteno, I-take-the-first-rank, and are found in eggs, milk, fish, lean meat, poultry, etc., in the animal kingdom, and in wheat and other cereals, peas and beans, in the vegetable world. The energy-producing foods, or carbohydrates, are composed of carbon, hydrogen and oxygen, as their name indicates. To this group belong starch and sugar. Potatoes, rice and bananas are rich in starch, and all cereals contain a large proportion. One readily sees why cereal with cream makes an almost perfect food. Fat is burned in the body as fuel and the combustion serves the same purpose as burning coal in a furnace. Cream, butter, salad oil and the fat of meat can be eaten in moderation by most persons without difficulty.

It remains for the nurse to combine these foods in proper proportions for her patient and to prepare them so that they will be eaten with relish, or, if appetite is lacking, at least with tolerance, for to do any good they must be eaten. Milk being the standard food in illness, the nurse must devise ways of utilizing it for the patient and varying it as much as possible, especially when convalescence begins. Milk soups make a pleasant change, and there is such a variety of them that none need become monotonous. Potato soup, celery soup, corn soup, green pea soup, tomato soup and fish soups offer a wide field for change. Exact recipes for making them can be found in any good cook book, but one principle runs through them all. The ingredient that gives the soup its name is thoroughly cooked, rubbed through a wire strainer, or seive, stirred into the prescribed quantity of milk already malted, seasoned and then a spoonful of butter and one of flour rubbed together added to bind the mixture. After it has boiled, it can be strained again if necessary. Cream can be added to any of these soups and thus additional fat administered, which is a great advantage in some cases, particularly in feeding tuberculous patients. Care should be taken that the soup is not too thick; it can be thinned easily by adding a little hot milk, or cream, when ready to serve, and then put in a bouillon cup, a covered one if possible.

Fruit juice is very necessary in the diet of the invalid and there is usually little difficulty in getting it taken. Most fresh fruits contain a large percentage of water and a very little protein. The sugar content is its chief food value. Ripening changes the starch to sugar and gums, one of which, pectin, has been called a sort of plant gelatin. The sugar of the orange, for instance, is prepared for immediate assimilation and does not require digestion, so it has nourishing qualities to recommend it, besides its agreeable flavor. The lemon contains less sugar, but as sick people usually do not like sweet things, it is sometimes preferred. Water is needed especially in high fever, and fruit juice will sometimes be taken when plain water is refused. It supplies pure distilled water, free from germs, or any foreign matter. A glassful of orange juice before breakfast often acts as a gentle laxative. It is also given to babies to supply the vegetable element in which milk is deficient and the want of which is responsible for rickets and sometimes scurvy and fellagra. The acid in fruit juice stimulates the gastric glands and promotes appetite. It can be stiffened with gelatin and eaten as jelly instead of being swallowed as a liquid. Pineapple juice contains a protein-digesting ferment and is one of the most efficient solvents. It is delicious made into jelly and sparingly sweetened. Grapefruit belong to the citrous family and when the pulp cannot be eaten the juice is often liked. In preparing a grapefruit for a patient a sharp, slender knife should be used to separate it from the skin and remove the hard centre with the seeds. A second circle is then cut between the centre and the edge, leaving the pulp in square, convenient mouthfuls. A banana is not fully ripe until the outer skin is brown, the starch is not converted into sugar while the yellow color remains. In the latter stage they should be baked to develop their full food value. It has been said that in its unbroken skin a banana is a "sterile food package," and so especially fitted for use in the sick room.

Fish Soup

Take half a cup of cold boiled halibut, cod, or any white fish, rub it through a wire strainer. Scald a cup of milk with a few shreds of onion, add a little pepper and salt. Rub together a teaspoonful of butter and two of flour, dissolve with a little of the hot milk, remove the onion and stor together. Put in the fish and let it come to the boil. Thin with cream if desired.

Lister and Vivisection—In a Life of Lord Lister it is said that he carried out his experiments on animals at abattoirs and in his own home. The various animals were either dead, chloroformed, or, in the case of the frog, when it had been deprived of sensation, by being "pithed." Sheep, horses, oxen, rabbits, cats, bats and frogs were the subjects, but not in very great numbers. Without these experiments he would never have been led to his discoveries. Before the Royal Commission on Vivisection, in 1876, he asserted that vivisection had been essential to him.

The Nurse's Library

Surgical Nursing in War, by Elizabeth Bundy, M.D., author of Bundy's Anatomy and Physiology for Training Schools. P. Blakiston, Sons & Co., Philadelphia. Price, 75 cents.

As there are so many nurses preparing to go overseas, and as so many of our ideas on surgical nursing are being changed by the war, this book on war conditions, as far as patients and surgical work is concerned, will be most valuable. As we are warned by the author in the preface, methods are constantly changing, still, as it is, it is timely, useful and much needed, and is most carefully prepared. Nothing seems to be omitted, and all is so clear, concise and so interesting. All nurses who wish to keep up to date in their work should have this book, as so much of the technique of the war surgery will be routine procedure when these surgeons return to civil life. We owe a debt to Dr. Bundy, whose Anatomy and Physiology has been a standard textbook in many schools, and who is now giving us one extremely valuable.

A Compend on Bacteriology, by Robert L. Pittfield, M. D., Pathologist to the Germantown Hospital; late Demonstrator of Bacteriology at the Medico-Chirugical College, Philadelphia. Price, $1.25. A valuable reference book for the nurse's library. Intended more for the medical student, it is simply worded, and will be found to be much needed by the instructor in the school.

Materia Medica for Nurses, Including Therapeutics and Toxicology. The new (3rd) edition revised. A textbook of Materia Medica for nurses, including Therapeutics and Toxicology. By George P. Paul, M. D., C. P.H. (Harvard), State Director International Health Board, Rockefeller Foundation. Third edition, thoroughly revised; 12 mo. of 295 pages. Philadelphia and London: W. B. Saunders Company. 1917. Cloth, $1.50 net. This old favorite of the training school is now in its third edition, thoroughly revised and up to the minute. Considerable new material has been added, and the drug strengths have been corrected to conform with the changes in the last U. S. P.

The Baby's Food, by Isaac A. Abt, M. D., Professor of Diseases of Children in the Northwestern University Medical School, Chicago; 12 mo. of 143 pages. Philadelphia and London: W. B. Saunders Company. 1917. Price, $1.25 net. Canadian agents, The J. F. Hartz Co., Limited, Toronto, Canada. So often is the nurse appealed to by the young mother for a book on the feeding of the baby. Now we have one that will help her very much in her problems, not only in the feeding but in the general care of the baby. Besides dietaries, the book contains material on baths and packs, care of the nipples and breast, eruption of teeth, and a table of measurements.

Hospitals and Nurses

NOVA SCOTIA

Miss Horne, who has been at the Halifax Infirmary ill, is improving and able to be at home.

The officers and crew of a hospital ship in port gave a concert in aid of those made blind at the recent explosion. It was held at the School for the Blind, and $259.00 was raised.

Nursing Sister McNeil has been transferred temporarily from the Station Hospital to Windsor, N. S.

Nursing Sister Mackay, of New Glasgow, has returned to duty overseas, accompanied by Nursing Sister Morrison, of the Station Hospital.

Nursing Sister DeWolf expects to leave for overseas shortly.

Nursing Sister Davies and Nursing Sister Fraser, of Pine Hill Convalescent Hospital, have been transferred temporarily to the Military Isolation Hospital, Dartmouth.

Nursing Sisters Coates and Jenner, of the Station Hospital, are leaving for the Military Hospital, Kentville, N. S.

A delightful dinner was given recently at the "Tally Ho" in honor of Miss Lillian Brown and Miss Bell, of Halifax, members of the St. John Ambulance Brigade, who have since left for overseas service. About fifty members from other points were detained by the trains being late, so missed attending. The work of the Brigade was spoken of in glowing terms, especially that part of the work done during the recent disaster. These two ladies will be much missed in Halifax.

Miss McGuire, of Sherbrooke, Que., and Miss Horne, of Dartmouth, who have been on duty at the Parker Hospital, Dartmouth, have been transferred to the Y. M. C. A. Temporary Hospital.

Matron McKenzie, of Pier No. 11 Hospital, is at present in charge of the Y. M. C. A. Temporary Hospital.

Nursing Sister Sadie McLean, who had been Acting Matron of the Moxam Hospital at Sydney, C. B., and her staff have been transferred to the Station Hospital, Halifax.

Nursing Sister Maclean, of Sydney Mines, lately returned from overseas, is at present acting matron of the Moxam Hospital, Sydney.

Mrs. Hannington, Chief Superintendent of the Victorian Order of Nurses, has been inspecting the branches in Nova Scotia.

Friends in Nova Scotia of Mrs. J. Farrington (Edna Davies, Waltham Hospital) will regret to hear of her serious illness due to a burn. She was one of the first nurses from Sydney to come to Halifax at the time of the explosion, and did wonderful work at the Children's Hospital.

NEW BRUNSWICK

Nursing Sister Enid McIntyre, graduate of the Chipman Memorial Hospital, St. Stephen, has been transferred from the St. John Military Hospital to Fredericton.

Nursing Sister Maud P. Gaskin, graduate of the St. John G. P. H., who has been on sick leave following active service, is now on duty at the St. John Military Hospital.

Nursing Sister Bessie Babbitt, of Fredericton, is on duty at the Armouries Convalescent Home, St. John.

About 30 nursing sisters, while en route overseas in charge of Sister Hamilton, were entertained at tea while in St. John at the Sign O' The Lantern by Nursing Sister Gertrude Williams, matron of the St. James Military Hospital; Sister A. M. Burns, matron of the Armouries Convalescent Hospital, and Sister Charlotte Brown, who, during the Gallipoli campaign, saw service in Egypt. These nurses took with them cordial wishes for their safety and success.

In honor of Nursing Sisters Floyd and Gaskin, home on furlough, the A. A. of the G. P. H., St. John, and the Local Chapter of the N. B. G. N. A., entertained. During the evening each was good enough to give an account of her work in the different fields of duty.

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QUEBEC

ROYAL VICTORIA HOSPITAL, MONTREAL

The Nurses-in-training gave voluntarily 25 cents monthly for patriotic purposes during the year 1917. This money has been applied as follows:

Red Cross, Belmont Park	$ 60.00
"One Day's Pay" to I. O. D. E.	23.75
Belgian Relief	20.00
Fresh Air Fund, Montreal	5.00
Through Edith Cavell Chapter, I.O.D.E., for Chapter	49.00
For Prisoners of War	10.00
For French Huts	5.00
Tuberculosis Hospital	10.00
Red Cross Club	48.00
Ether for Soldiers in France	17.00
Christmas Stockings for Overseas Soldiers	20.00
British Red Cross (proceeds masquerade dance)	65.00
Canadian Prisoners in Germany	21.90
Total	$354.65

The marriage of Dorothy Elizabeth, second daughter of Col. C. F. Winter, Military Secretary, Ottawa, to Capt. G. W. N. Barefoot, M. C.,

Royal Irish Fusiliers, only son of Col. G. H. Barefoot, C. R., C. M. G., is announced to take place shortly.

The R. C. H. sent six pupil nurses and two graduates to Halifax to help at the time of the disaster, and these remained during the acute period of the relief work. Independent of the hospital, the A. A. sent a delegate to aid in the nursing of the victims. Miss Winifred Almond, sister of Col. the Rev. John M. Almond, was selected and has written very vividly of the awful destruction, and expresses her appreciation of the privilege afforded her in representing the Alumnæ in such a splendid cause.

Nursing Sisters M. Clint and Winifred Bryce have returned to duty overseas.

Miss Shirley Kent and Miss Ida McGregor (1916) are at present in New York following special courses in Hydrotherapy.

Nursing Sister Jean Kidd has resigned her commission in the C. A. M. C. Her marriage is to take place in England shortly.

Miss Elsie Roper (1915), who recently joined the A. R. C., is at present at the Base Hospital, Camp Kearney, Linda Vista, California.

Nursing Sister F. Munroe, C. A. M. C., has been on furlough at Riverholm, Taplow, suffering from a rather severe attack of whooping cough.

Miss Frances R. Stiven, who was obliged through ill health to give up the night supervisorship of Miss Wright's hospital at Rockford, Ill., has taken up Public Health work in Toronto.

Miss Alice Fisher (1915), who has been in charge of the Ward "J" (Oto-larnygology and Opthalmology), has resigned.

Miss Lucy Beer (1915) is at present in charge of Ward "J," replacing Miss M. Drummond, whose marriage is to take place shortly.

Miss Muriel Penny (1914), dietician at the R. V. H., has resigned from the staff.

Every R. V. H. Alumnae will sincerely regret the death of Dr. F. W. Nagle, which occurred very suddenly on January 24th; also that of Dr. W. Jamieson, whose death occurred at the Ross Pavilion the same day, and of Lieut.-Col. John MacCrae, of the R. V. H. Medical Staff, who died of pneumonia in France.

Nursing Sister Irene Clark (1916), of No. 3 Canadian General Hospital (McGill) in France, who has been suffering from pneumonia, has been sent to England to the Queen Alexandra Hospital.

Mr. and Mrs. Albert Finnie (nee Miss Jean Almond, 1912) have arrived in town and are living at the Halcyon Apartments, Durocher Street.

Miss S. Kent (1916) has returned from New York to take up her duties as nurse-in-charge at the Hydro. Department of the Ross Memorial.

Miss J. Cameron (1915) and Miss M. Merwin (1912), who have been ill, are convalescent.

Miss E. H. Freeland is a patient at the Ross Memorial, suffering

from severe muscular strain as the result of a fall on the icy street. Miss Freeland is slowly regaining strength.

Miss Milla Maclellan, who, since graduating in 1915, has been on the R. V. H. staff in charge of the Gynaecological Ward, and later as one of Miss Hersey's assistants, has received a commission in the C. A. M. C. Miss Maclellan leaves May 1st for a short preliminary training in one of the Military Hospitals at Toronto, previous to going overseas.

Nursing Sister Alice Stewart (1913), who has been overseas since the early part of the war, is home on leave.

Miss Guernsey (1907), Miss Legge (1906), and Miss Mary Griffin (1912), who are students at Teachers' College (Columbia University), New York, write interestingly of their work there.

Miss Ruby Comrie (1916) is doing private nursing in Toronto.

Miss Angelyna Rodgers (1912), who had the misfortune recently to break her arm, is making a satisfactory recovery.

Miss K. Stead (1917) is spending the winter months in California.

Mr. and Mrs. Herbert Wright (Beatrice Cavanagh, 1911) have arrived from Vancouver to take up their residence in Montreal.

The following R. V. H. nurses were detailed on January 1st for duty at Bellevue Hospital, Halifax, N. S.: Misses Alpaugh, Duder, Fessenden, Ferguson, Murphy and D. Montizambert. The last two nurses mentioned have later been recalled by the C. A. M. C. to prepare for service overseas.

Miss Muriel Stewart (1915), who has been ill, is now convalescent.

Children's Memorial Hospital

There was a meeting of the graduate nurses of the Children's Memorial Hospital, Montreal, held November 9th, 1917, to form an Alumnae Association, which is to be known as the Alumnae Association of the Children's Memorial Hospital Training School for Nurses, Montreal. A constitution was formed, and the officers elected were: Miss Giffen, Hon. President; Miss Gorman, President; Mrs. Walcott, Vice-President; Miss Wight, Treasurer; Miss Way, Secretary. Miss Way resigned as secretary on February 1st, 1918, but was replaced by the appointment of Miss E. G. Alexander.

At the Children's Memorial Hospital Alumnæ Meeting of February 1st, 1918, Miss Giffen brought Miss Gunn's appeal for The Canadian Nurse before the meeting. Each member and the graduating class expressed the intention of becoming subscribers. After the business meeting was over Miss Finnie, Secretary of the Women's Directory, was introduced, who gave us a very interesting account of her work in the city.

Montreal Western Hospital

The meeting of the Western Hospital Alumnae Association was held at the Nurses' Home. The minutes of the last meeting were read and

approved. The election of the officers for this year was proceeded with as follows: Hon. President, Miss Craig; President, Miss Wright, returned by acclamation; First Vice-President, Miss Lewis; Second Vice-President, Miss Morency; Secretary, Miss Tyer; Treasurer, Miss Craig; Convener Finance, Miss Birch; Convener Programmes, Miss Flynn; Convener Visiting and Membership, Miss Finnigan; Convener Social and General Nursing, Miss Sutton; Representative Canadian Nurse, Miss Clough. Miss Finnigan proposed that four nurses be members of the Alumnae, as follows: Miss Cunningham, Miss McTice, Miss Fowles, and Miss Rowley. Miss Birch chose as her committee Miss Coughlin, Miss Cuthbertson and Miss Rowley. Letters from the nurses overseas (Miss Crossely, Miss Gunn, and Miss Gallagher) were read.

Miss Gotto, we regret to say, has been off duty for the past two weeks, and is still under the doctor's care.

Mrs. Penny (Miss Benton) is now living in Quebec City.

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ONTARIO

The A. A. of the Amasa Wood Hospital Training School met at the Nurses' Home on February 13th. Two very instructive papers were given and, after interesting discussion, the meeting adjourned.

Miss Teresa Vincent (A. W. H., 1912) has successfully completed the post-graduate course in King George Contagious Hospital, Winnipeg, and will remain in that city for the winter.

Miss Mary Otis (A. W. H., 1914) has completed the post-graduate course at the Chicago Lying Hospital and has returned to St. Thomas to engage in private duty.

Miss Louise Miller (A. W. H., 1912) is at present taking a post-graduate course at the Polyclinic Hospital, New York.

At the meeting of the D'Youvills Alumnae Association of the Ottawa General Hospital, on January 4th, the following officers were elected for the coming year: Miss McElrop, President; Miss E. Roebon, First Vice-President; Miss F. Lyons; Second Vice-President; Mrs. C. Dewitt, Secretary-Treasurer. Dr. R. E. Valin gave a most interesting and instructive lecture on Tuberculosis of the Kidney and Intestines. Sister St. Josephat entertained the nurses to afternoon tea, assisted by the nurses in training.

A most disastrous fire broke out on the evening of January 10th at the Ottawa General Hospital, destroying the greater part of the new wing. Much damage was done to the operating rooms, X-rays and children's wards. The Sister Superior extends to all nurses who helped at and following this fire her most hearty thanks. At the monthly meeting held February 1st, Miss M. Markell and Miss A. McDonald were appointed to supply nurses needed at any time to care for sick nurses at the hospital.

Mrs. Chabot (Dr. J. L.) spent the month of January in Florida.

Miss Chapin (1917) is at present a patient in the Ottawa General Hospital, suffering from an attack of appendicitis.

On Wednesday, January 23rd, 1918, at 8 p.m., a Chapter of the Canadian Association of Nursing Education was formed at the Wellesley Hospital, Toronto, the Chapter to be known as the Toronto Chapter of Nursing Education. The following officers were elected: Chairman, Miss G. Rowan; Vice-Chairman, Miss B. Ellis; Secretary, Miss F. J. Potts. The first regular monthly meeting was held on Thursday, February 14th, at 4 p.m., at the Toronto Graduate Nurses' Club. The enthusiasm of the members of this Chapter was emphasized by the fact that the majority of the members attended, both local and out of town. The Chairman, Miss Rowan, presided. Following the business routine the object of the Chapter was explained. This was followed by a discussion on the Conservation of Food. Miss J. I. Gunn opened the discussion by giving an outline of the system adopted and the results obtained at the Toronto General Hospital in the conservation of food. The discussion was very enthusiastic, almost every member availing herself of the opportunity of either giving or asking for suggestions. The apparently insignificant, though not insignificant, detail of serving food was emphasized, which brought out some valuable information. The success of this meeting inspired so much enthusiasm and a spirit of co-operation among the members that there should not be the slightest doubt that these local chapters will be one of the greatest assets to the parent organization. Following the adjournment of the meeting tea was served. The Chapter will hold its next meeting on Thursday, March 14th, at 4 o'clock, at the Toronto Graduate Nurses' Club, when the prevailing problem of hospital supplies will be discussed.

Miss Henrietta Knauff (Class 1911), Lady Stanley Institute, Ottawa, left for overseas service recently.

Hiss Stella Meggs (T. W. H.) has left to take charge of Penetang General Hospital.

A card party and dance was given by the A. A. of T. W. H. on January 25th. The proceeds, which were for patriotic purposes, amounted to $61.45.

The annual meeting of Toronto Western Hospital A.A. was held Feb. 1st in the Nurses' Home, the President, Mrs. Gilroy, in the chair. Letters were read from the nurses overseas who had received the Christmas boxes. It was decided to continue knitting and to forward 20 pairs of socks to No. 7 Canadian General Hospital, where some of the T. W. H. nurses were stationed. After the election of officers and other routine business the nurses enjoyed a brief address by Dr. Copeland. After refreshments had been served the meeting adjourned.

The Riverdale Hospital, Toronto A. A., met at the Graduate Nurses' Club on February 7th to elect the officers for the ensuing year. The meeting closed with a pleasant social hour. Officers for 1918: President, Miss Gosly, 142 Ellsworth Avenue; Vice-President, Miss J. G.

McNeil; Secretary, Miss A. M. Davidson, Riverdale Hospital; Treasurer, Miss F. M. Scholes; Executive Committee, Misses T. Haines, D. Roach and E. Miller; Convener of Sick Visiting, Mrs. Lane; Convener of Programme Committee, Miss E. Honey; representatives on Central Registry Committee, Misses Golay and Rayshields; Canadian Nurse representative, Miss N. V. Scholes.

The Kingston Chapter of the G. N. A. held their regular meeting at the Nurses' Home on February 5th, the President, Mrs. S. Crawford, presiding. Miss Milton and Miss Fairlie were appointed to visit sick nurses. Following the usual business, an address was given by Dr. Huyck on Infant Feeding. After the meeting adjourned Miss Boskill, Superintendent of Nurses, entertained the nurses to tea.

The regular monthly meeting of the Victoria Hospital A. A. was held on the evening of February 7th, with a large attendance. Dr. Hadly Williams, who had been in charge of the Orpington Hospital, England, gave a very interesting talk on Overseas Hospital Work, also relating his experiences in travelling and conditions in England. He highly commended the efficiency of the Canadian nursing sisters. A pleasant class re-union was held at the home of Miss Myra Hennigar (V. H. L. 1913) in honor of Nursing Sister Hilda Stewart, who is home on active service in Malta and France.

A special feature during the week of February 11-16 was the "Child Welfare Exhibit," held in the Y. M. C. A. Building. Baby clinics were held daily, and the best baby each day was presented with five dollars in gold. During the week 525 babies were examined. It is hoped a permanent clinic will be established in London.

Miss B. Weelande and Miss Sinclair, graduates of the Toronto Western Hospital, have returned to Toronto to do private nursing.

Miss Jean Walton (T. W. H.), who has been seriously ill, is now able to return to her home in Woodstock.

Miss Ellis, Superintendent of Toronto Western Hospital, and Miss McQueen, her assistant, gave a dinner on February 16th at the Toronto Graduates' Club in honor of Miss Northgrave, who has been in charge of the operating room and is leaving for a rest, and Miss Charlotte Black, Instructor of Probationers, who is leaving to accept the position of Superintendent of San Antonio Hospital, Uplands, California. There were covers laid for fourteen and a most enjoyable evening was spent.

Miss Wright, of Lakeside Hospital, Cleveland, will be in charge of the operating room.

The regular monthly meeting of the Lady Stanley Institute Alumnæ Association of Ottawa was held at the Carnegie Library on January 2nd, 1918.

Mrs. H. A. L. Swan, President, was in the chair. There was a good attendance, and many questions of interest to the nursing fraternity of Ottawa, as well as concerning the sisters who have gone overseas, were discussed.

The Knitting Circle of the Alumnae reports that they handed to the Red Cross Association twenty pairs of socks, and that they expect to double this number before the end of February.

It was regularly moved and seconded that the Lady Stanley Alumnae Association would donate to the Lady Stanley Institute a suitable Roll of Honor, and the President, Mrs. H. A. L. Swan, and Secretary-Treasurer, Mrs. Benjamin C. Waddell, were authorized to proceed with the necessary work to have this done. It was brought out at this discussion that there were thirty-nine graduates of the Lady Stanley Institute serving as nursing sisters at the front, whose names would be suitably engraved thereon.

Miss Argue, Superintendent of the Lady Grey Hospital, and President of the Graduate Nurses' Association, suggested that the different alumnaes of Ottawa make a donation to the Great War Veterans' Fund. The matter was left for further discussion at our next regular meeting, at which, no doubt, it shall meet with the approval which it deserves.

At the meeting of The Red Cross Knitting Circle on Thursday afternoon, the 17th, Mrs. H. A. L. Swan served afternoon tea to the members.

LADY STANLEY INSTITUTE ALUMNAE ASSOCIATION

OTTAWA

Honorary President, Mrs. Warren S. Lyman, 226 Somerset Street; President, Mrs. H. A. L. Swan, 326 Metcalfe Street; Vice-President, Miss J. K. Argue, Superintendent Lady Grey Hospital, Ottawa; Secretary-Treasurer, Mrs. Benjamin C. Waddell, 227 Percy Street. Board of Directors, Mrs. I. G. Smith, Mrs. C. T. Ballantyne and Miss Morgan. *"Canadian Nurse"* Representatives, Mrs. H. A. L. Swan (Articles), and Mrs. B. C. Waddell (Subscriptions). Regular meeting, first Wednesday, at 3:20 p. m. Red Cross Knitting Circle, every second Thursday.

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ALBERTA

The annual meeting of the Alberta Association of Graduate Nurses was held December 16th, 1917, in Calgary, the President, Miss Victoria Winslow, Superintendent of the Medicine Hat General Hospital, being in the chair. Among the important questions discussed were a uniform curriculum for the training schools, one provincial examination for all training schools in order to equalize and standardize the training, and a summer course at the University for the nurses. The Association appointed a committee consisting of Miss Campbell, Superintendent of the Royal Alexandra Hospital, Edmonton; Sister Duckett, Superintendent of the Holy Cross Hospital, Calgary, and Miss McDonald, of the General Hospital, to interview the Senate of the University in this regard. Plans were also discussed whereby the Association could help the rural hospitals. The officers at the convention were: Miss Winslow, President;

Miss E. J. Smith, Vice-President; Mrs. B. W. Armstrong, Secretary-Treasurer; Miss L. M. Eddy, Calgary; Miss E. Rutherford, Calgary; Nursing Sister K. Manson, Strathcona Military Hospital, Edmonton, and Miss C. Campbell, Royal Alexandra Hospital, Edmonton.

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BRITISH COLUMBIA

The engagement is announced of Miss Anna M. Smythe, graduate of the Royal Victoria Hospital, Belfast, Ireland, and Mr. Norman E. Garbutt, of Nanton, Alberta. The marriage will take place this month. Miss Smythe has been a member of the Vancouver Graduates' Association.

Miss Ella Armstrong, a nursing sister at the Military Annex of the Vancouver General Hospital, died February 25th, 1918, of acute pancreatitis. She was a graduate of the Seattle General Hospital, and was a resident of Vancouver. Much sympathy is expressed for her parents, Mr. W. L. and Mrs. Armstrong, of Hollyburn, West Vancouver.

Nursing Sister E. B. Burpee is at home in Vancouver on a short leave after more than three years' active service. Miss Burpee was among the very first to volunteer from British Columbia and left with the first contingent, being attached to the Fifth Hospital Unit serving in Saloniki and afterwards in France.

Miss E. J. Smith, late superintendent of nurses at the Calgary General Hospital, has taken charge of the Maternity Department of the Vancouver General Hospital, succeeding Miss J. Peters, who is waiting a call overseas.

Officers for the ensuing year of the Vancouver General Hospital A. A. are: Mrs. Buttle, President; Miss Hopkins, First Vice-President; Miss G. Currie, Second Vice-President; Miss I. Boultbee, Secretary-Treasurer. The members of the association have been packing and sending boxes overseas and decided to continue their work for this year. Miss Fog, Miss Burnside and Miss Sharp, recent graduates, were accepted as members.

The annual meeting of the Victoria Graduate Nurses' Association was held February 5th at the Victoria Club. The following officers were elected by acclamation: President, Miss M. Grimmer; First Vice-President, Mrs. Ivel; Second Vice-President, Miss Niblock; Corresponding Secretary, Miss E. H. Jones; Treasurer, Mrs. Gregg; Executive Committee, Miss Vantreight, Miss Tolmie, Miss Archibald, Miss McNair, and Miss Clarke.

Mr. Scanlan, manager of the Victoria Branch of the Metropolitan Life Assurance Company, gave a splendid talk on the work done by the nurses in their employ. Our membership was increased by twenty-six, but many of our old members are on duty overseas.

Births

SINCLAIR—To Dr. and Mrs. George Sinclair, of Winnipeg, Man., a son (James Stretton). Mrs. Sinclair was Miss Stretton, R. V. H., Montreal (1909).

GILLESPIE—At Pincher Creek, Alberta, on February 11th, 1918, to Dr. John H. and Mrs. Gillespie, a daughter. Mrs. Gillespie was Miss Elizabeth Arthur (R. V. H., 1912).

TYRES—On February 15th, 1918, at the Montreal Maternity, to Mr. and Mrs. D. S. Tyres, of 237 Strathearn Avenue, Montreal West, a son. Mrs. Tyres was Miss Hope Strachan (R. V. H., 1912).

LAW—In Ottawa, on January 10th, to Dr. and Mrs. Law (O. G. M.), a son.

BRUNETT—In Ottawa, on January 5th, to Dr. and Mrs. Brunett, a daughter. Mrs. Brunett is a graduate of the O. G. H.

BRERETON—At Toronto, January 25th, 1918, to Dr. and Mrs. Brereton, a daughter (Jean). Mrs. Brereton is a graduate of the Toronto Western Hospital.

DOUGLAS—At Victoria Hospital, London, Ont., on January 13th, 1918, to Capt. C. Douglas and Mrs. Douglas (Agnes Munnock, V. H., London), a son.

MILLER—On February 19th, 1918, in Victoria, to Dr. and Mrs. Thos. Miller (Miss Carter, P. R. J. H.), a son.

Marriages

TAYLOR-SHANTZ—At St. Paul's Church, Vancouver, by the Rev. Harold G. King, January, 1918, Lorraine, youngest daughter of the late John S. Shantz, of Waterloo, Ont., to Mr. Russell Taylor, of New Westminster, B. C. Mrs. Taylor is a graduate of the Vancouver General Hospital, and will reside in Vancouver.

ASSELTINE-ROSE—At Coppercliff, Ont., on January 16th, 1918, Miss Hallie Rose (graduate of the Toronto Western Hospital, Ont.), to Mr. R. M. Asseltine.

PORRITT-GASKIN—In Toronto, Miss Margaret Jean Gaskin (Toronto Western Hospital), to Mr. Cleveland Morgan Porritt.

FINNIE-ALMOND—At St. Paul's Church, Shigawake, Que., on December 31st, 1917, Miss Jean Almond (Royal Victoria Hospital, Montreal), daughter of Mr. James Almond, to Mr. A. Bruce Finnie, of Montreal. The Rev. A. Flummerfelt officiated. Mr. and Mrs. Finnie will reside at the Halcyon, 126 Durocher Street, Montreal.

MCGILVERY-ROBERTSON—At Windsor, N. S., Miss Minnie Robertson (R. V. H., Montreal, 1916), to Leo Joseph McGilvery.

ANDERSON-HENDERSON—At Greenwich, N. Y., January 5th, 1918, Miss Mary Henderson, formerly Superintendent of the Ross Pavilion, R. V. H., to Dr. F. O. Anderson, of the R. V. H. House Staff.

RIDOUT-HUNTER—In London, Eng., December, 1917, Nursing Sister Florence Hunter (Grace Hospital, Toronto), to Major Howard Ridout.

SINCLAIR-WARDER—At Toronto, January 3rd, 1918, Edna Warder (Grace Hospital, Toronto), to Mr. W. Sinclair, Oshawa, Ont.

O'NEIL-BENNETT—Miss H. Bennett (O. G. H., 1917), to Mr. J. O'Neil, of Colpatria, Cal.

DUMBLE-TROTTER—At Peterboro, November 17th, 1918, Laverne Trotter (T. G. H.), to Oscar Dumble.

Deaths

ARMSTRONG—At the General Hospital, Vancouver, B. C., February 25th, 1918, Ella M. Armstrong, graduate of the Seattle General Hospital.

DAVIS—On February 21st, 1918, at No. 4 General Hospital, Basington, England, Nursing Sister Lena A. Davis, beloved daughter of Mrs. Davis, of Beamsville, Ont. Nursing Sister Davis, who went away with the Toronto Base Hospital three years ago, is reported to have died with Blackwater fever. The disease probably followed malaria, which she contracted in Saloniki over a year ago. She was born in Beamsville, Ont., and took her training at the Toronto Western Hospital. Before going on active service, Miss Davis was Superintendent of the Hospital for the Insane, Queen Street, Toronto. She was home on furlough last autumn, and the sad news came as a great shock to her friends.

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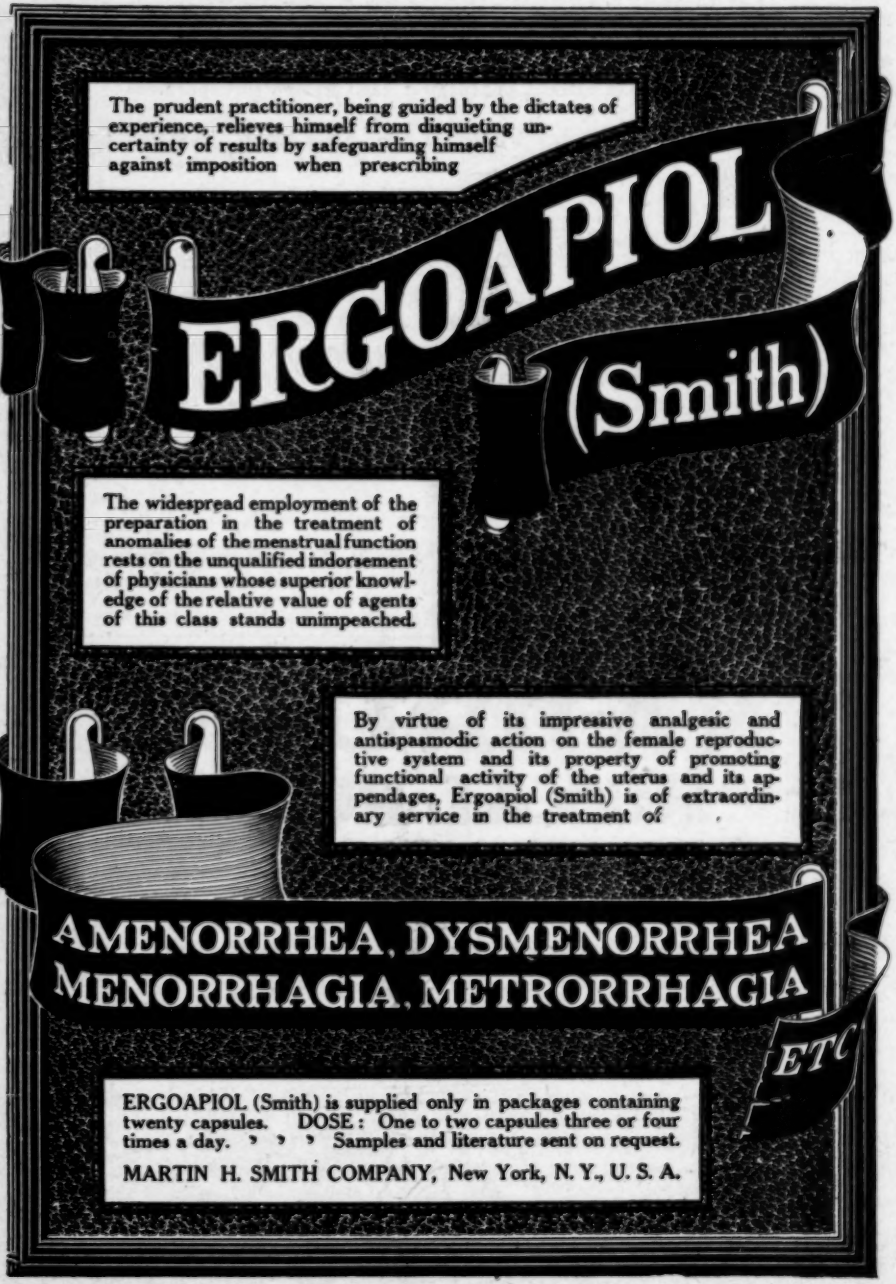
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